


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000034244
 1. Entity Name
 HIGHLANDS LAKE CENTER, LLC



Principal Place of Business 4240 LAKELAND HIGHLANDS RD. LAKELAND, FL 33813	Mailing Address 8800 GRAND OAK CIRCLE, STE. 400 TAMPA, FL 33637
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 43-1988449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DAVID J. POWERS, P.A.
 7777 GLADES ROAD, SUITE 300
 BOCA RATON, FL 33434

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B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GABRIEL LIVING CENTERS, LLC 8800 GRAND OAK CIRCLE, STE. 400 TAMPA, FL 33637
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 02/03/04-80026-006 650.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 1/15/04 _____
 Daytime Phone # _____